M	-WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS	fully supplied. AGE should be	n plain terms, so that it may be	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importar

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(81-E)	
County of Mary	Registration Dist. No. 287	
Village or City Kidde	NoSt.,Wai	rd
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrsmos	ds.
2. FULL NAME Lows Carroll		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	met.
3. SEX 4. COLOR OR RACE Color or RACE Color or RACE OR DIVORCED (write the word) Color or divorced Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH fully (Oay) , 193 (Yoer)	
6. DATE OF BIRTH (month, day, and year) Nov 1, 1876  7. AGE Years Months Oays If LESS than I day,hrs.	i HEREBY CERTIFY. That I attended deceased from 1930, to	2
8 Trade profession or particular	were as follows:	et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupetion (modified and year) year)  11. Total time (years) spant in this occupation	mjoen (Ti i/15);	182
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  Multiple Action 4/1/3	20
I 13. NAME Stlec Carroll		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of	
(crate of county)	What test confirmed diegnosis? Wes there an autopsy?	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Breef Carroll  (Address)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR, REMOVAL Place of Receive Conclusive July 13, 1932	Manner of injury	
19. UNOERTAKER Richard Thomas (Address) Walley her had	24. Wes disease or injury in eny way related to occupetion of deceased?  2.0	
20. FILED July 10, 1932 Place Bearing. Registrar.	(Address) Great Mills Jud	. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	M MICE 5 1882	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1931	Run over by street car	1 week ago
Corebral hemorrhage	BERLAU	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07958
1. PLACE OF DEATH	(In)
0/5	Project of the Diet No. 2 & C
County Little and	Registration Dist. No. 45
Village or City Ulle Co	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or insutution, give its IVAIVIE, instead of street and number;  ds. How long in U.S. if of foreign birth?
Length of residence in city of town where deeth occurredyrsnios.	O O O O O O O O O O O O O O O O O O O
2. FULL NAME Mula / Leny	Caelw
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
har lot mand	(Morth) (Day) (Yaar)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22.     HEREBY CERTIFY, That I attended deceased from
anne Juller	6-25-,1932, to /-/-,1952
6. DATE OF BIRTH (month, day, end year) 7 - 27 - 18	I last saw h alive on 7 — 6 — 1931 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at _ f m.
( 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O 7 Ormin.	were asfollows:
8. Trade, profession, or particular kind of work dona, as SPINNER, A SAWYER, BOOKKEPER, etc.	6
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific property).	
Work was done, as Silk MILL, SAW MILL, BANK, etc.	acure or server 1-3
SAW MILL, BANK, etc	J
yeer) occupation occupation	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata er country)	
13. NAME / Star Parlan	
H / /	
13. NAME / Carlos (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Le de Carles  16. BIRTHPLACE (city/or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city/or town)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did injury occur?
11 8 6 11.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT / Way O and	Specify whether injury occurred in INDOSTRI, in nome, of in Poblic Place.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
0 111 1 2 2 2 2 -	Manner of injury
Placed o care I Placed Dete 1 - 7, 19 2	Nature of injury.
19. UNDERTAKER U. C. WELSH	24. Was disaase or Injury In any way related to occupation of deceased? LCC
(Address) Classition	If so, specify
1 1 0	(Signed) 1911171 religion M.D.

(Address) \_\_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred	Registration Dist. No. St.,  No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U. S. if of foreign birth?	mos ds.
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. if of foreign birth?	d number) mos ds.
2. FULL NAME Alogs Clark  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	St., Ward.  If nonresident give city or town ar  MEDICAL CERTIFICATE OF DEATH	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	If nonresident give city or town as MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		
	21 DATE OF DEATH	
mule white OR DIVORCED ("write the word)	South July 30 (Day)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Month Days II LESS than 1 day, hrs.	1 HEREBY CERTIFY That lattende 27, 1932, to 1932 to 1933 to 1934 to 19	2. death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this pecuation (month and this pecuation (month and specific properties) of the pecuation of the pec	Prematore (birth (months)	7/30/32
this occupation (month and spent in this occupation  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:	
	Clasenta previa	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to extarnal causas (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and State of the specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ing: , 19
18. BURIAL, CREMATION, OB REMOVAL Place Hory Face Constage July 301932	Manner of injury	
19. UNDERTAKER King Clarken (Address) California md	24. Was disease or injury In any way related to occupation of deceasad?  If so, specify  (Signed)	no M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SUREAU Y.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	<b>ICE</b>	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

07960

1. PLACE OF DEATH		119	7
County & Mary &	····	Registration Dist. No. 28/	
Village or City Relaxable  Length of rasidance in city or town where death		NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and num  sds. How long in U.S. if of foreign birth?yrsmos.	
11) 11	$\rho$ . $\rho$	Husting in 0.0. It of foreign birth:	
2. FULL NAME & Josophy	ourse Day,		
(a) hesiocine. No. 22 sesses	(Usual place of abode)	Cee St., Ward.  If nonresident give city or town and State	le
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
female bolack !	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 /2 (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. A HEREBY CERTIFY, That I attanded dece	eased from
6. DATE OF BIRTH (month, day, and year)	v-3/1981	Mast saw her alive on Judy 5 , 1902; de	, 19⊻_≾ eath is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ormin.	Luaryong + Enjervise +	con 2 8
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	one	nomans	and y
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Registry (Stata or country)	ma Sillanga Co	Other Coutributory Causes of importance:	
13. NAME Januel /x	Vay		
13. NAME Januel 14. BIRTHPLACE (city or town) Jalin	more	Name of operation Date of	
(State of country)	nd	What test confirmed diagnosis? Was there an auto	psy? Zz
15. MAIDEN NAME // foreyce	· Thase	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Lgnu	Accident, suicide, or homicide? Date of injury	., 19
17. INFORMANT of assured	Day	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Philippoton Church D	ate buly 18, 1922	Manner of injury	
19. UNDERTAKER Sagniel Le (Address) Fearmons	ougo.	24. Was disease or injury in any way related to occupation of decaased?	6
20. FILED July 13 , 1937. Af	Sea Just Registrar.	(Signed) Laronn La Le. (Address) Lensarollo	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	ALL	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	GFP 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BURFAU	Paul 6		
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIF	FICATE	OF DEA	ATH 0	7962
	1. PLACE OF DEAT	ГН				110			
h	County SX 7	nary	1			***************************************	Registration	Dist. No. 28	2
	Village or City Le	onah	dtow	w	No. Sy	. man	Mary Stitution, give its NAM	etal or	Ward
	Length of residence in cit	ly or town where d	eath occurred	yrs, ONL mos	sZds.	How long in U.S.	if of foreign birth?	E. Instead of street	mos. ds.
	2. FULL NAME J	1auriai	2/ 10	) Hall				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		17	. D						
	(a) Residence: No	1 great	(Usual place	e of abode)	St.,	Ward.	If nonresident	give city or town	and State
at the same of	PERSONAL AN	D STATISTI	CAL PART	ICULARS		MEDICAL	CERTIFICATE		
3.	SEX 4. COLO	R OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE	OF DEATE	H O. /	7	
-	male wh	ite	insa				(Month)	(Day)	, 198 2 (Year)
5a	If married, widowed, or divo	rced	V				0 11		
	(or) WIFE of				22.	HERE	BY CERTIF	Y, That I atten	ded deceased from
	DATE OF BIRTH (	· Sm	11 ch 11	- 1932	I last saw h	ative en	, 19 J., to	July	1922
_	DATE OF BIRTH (month, day AGE Years	, and year) // Months	Days	If LESS than	_	alive on	tated above, at 130	, 190	; death is said
		3	2/	1 day,hrs.	The PRINCIP	AL CAUSE OF D	EATH end related caus		
-	8. Trade, profession, or pa		1 ~1	ormin.	were as follow	ws:			Date of onset
OCCUPATION	kind of work done, SAWYER, BOOKKEE	as SPINNER.			Emb	22	VIA Chi	#	may 10%
AT	9. Industry or business In	which			- Jan	jema j			1/03/17/2
SUF	work was done, as S SAW MILL, BANK, e	ILK MILL,	rone		_				
000	10. Date deceased last wor this occupation (mon year)	ked at oth and	sp:	time (years) ent in this cupation	-,				
12	2. BIRTHPLACE (city or town)	man	rlan S	11000	Dther Contrib	utory Causes of I	mportance:	~	
-	(State or country)	. 9 /	Ŋ		- 12ra	ncho-	breumer	na	Fril
HEF	13. NAME / au	2 100	all	Sa 19			V		16482
FATHER	14. BIRTHPLACE (city or to	wn) Leyn	and,	ma.	Name of opera		uscolomy		May 29
8	1	Manes	Oduna	end.		firmed diagnosis?	-		an au'opsy?
MOTHER	16, BIRTHPLACE (city or toy	un) ma	rular	a de la companya della companya dell	The second second		causes (VIOLENCE) fi		9
Σ	(Stete or country)		1		Where did Inju				
17	(Address)	nes 10	urrou	shs	Specify whether	er Injury occurre	(Specify city or d In INDUSTRY, In HO	town, county and ME, or in PUBLIC	State) PLACE.
18	B. BURIAL, CREMATION, OR RI	EMOVAL	1	0	Manner of Init	ury			
	Place Sacred.	deant	_Dete_	y 2. 1932					
19	). UNDERTAKER EUG (Addrass)	ene naid	Hal	le			y way related to occup		no
20	FILED July 2 1	92 A	Creso	Caco Registrar.	(Signed)_	ddress) . W	ma Co	vell	M. D.
						0			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	- 9110 3	-1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	17.	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	1 31 B 12 5	July 5,1927	Peritonitis	3 days ago	
	1				
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	of infor-	uld state	CCUPA-	
	item	shor	of G	
	Every.	ICIANS	tement	
	ECORD.	PHYS	ract sta	
l	TE	Y.	EX	
	RMANEN	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	PE	d E	erly	icate
	IS	state	prop	ertif
	HIS	pe	pe	Jo
	NK-T	should	it may	TION is very important. See instructions on back of certificate.
	DING I	AGE	so that	ctions o
	UNFAI	upplied.	terms,	e instru
	WITH	efully si	n plain	nt. Se
	INLY,	be care	EATH i	importa
	PLA	pino	F D	ery
	RITE	ion sh	USE 0	v si N
	3.—W	mat	CA	TIC
	N. I			

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
county of many.	Registration Dist. No. 284
Village or City de marallam ) Vos	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Bohy Halles	, , , , , , , , , , , , , , , , , , ,
	OL Word
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 10 198 Z
5a. If married, widowed, or divorced	(1007)
HUSBANO ot (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
6 DATE OF BIPTH (month day and year) As les = 1(1 - 3 2	
6. DATE OF BIRTH (month, day, end year)  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated abova, atm.
l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
8 Trade profession or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ill from
9 Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Many Co.	Other Contributory Causes of importance:
(State or country)	
II 13. NAME asaa Stock	
13. NAME OSCA Soula  14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / Velle Stortes	23. If death was due to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME / 11th Storty	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFDRMANT Stages Williams (Address) We che will	Specify whether injury occurred In INOUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Fr. Mary Copy Oate July 1/ ,19 32	Nature of Injury
19. UNDERTAKER CHARACTER CARRIED TO THE CONTROL OF	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 61, 19 J L Sum J Dachove Registrar.	(Signed) Clarisius Cli Clah M. D. (Address) Charolica M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAI				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07964
1. PLACE OF DEATH	184)
County of way	Registration Dist. No. 2-8-6
Village or City (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth? yrsmos ds.
2. FULL NAME William HI	anci kell
(a) Residence: No. 20 & Marth Caulu (Usual place of abode)	a St., Craffed. By S. My and D.C. If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1 - 3 D - 1918	liast saw h
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 5 - Pm.
14 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Chulby SAWYER, BOOKKEEPER, etc.	The shot would
S-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	0
SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 2 pear) occupation 7 241	
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country) ) + & M. Country and I. I.	
13. NAME VILLA JULIA  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME War alultidall	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Was accepted 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide Color Date of injury 2 3 1 19 3 1
17. INFORMANT A Cantina and and and and and and and and and a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL Place Was Date 1991	Manner of Injury Slass Gulle in Mand
19. UNDERTAKER Warren Talvalul	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ?—?—, 19.3 — MV Clean Registrat.	(Signed) / W. Cally M. D. (Address) (Address)
Acgurar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ann Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07963
1. PLACE OF DEATH  County W WAWY!	Registration Dist. No.
Village or City Mulleman Coulle	NoSt.,Ward
Length of residence in city of fown where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. il of foreign birth?mosds.
2. FULL NAME OCOMMIA MULERA LOVE	y -
(a) Residence: No.	/ St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Female W Will OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, dey, and yeer) SM. 25 -1931	hast saw h alive on kully 4 1 1932 deeth is said
7. AGE Years Months Deys If LESS then I dey,hrs.	to heve/occurred on the deteleted ebove, at
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Oate decessed iest worked at this occupation (month end	hliannell 1 Eentrilis Juni 30
10. Oate deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town), Hures Hall,	Other Coutributory Causes of importence:
(Stete or country)	Fred Poisning July 4
14. BIRTHPLACE (city or town) Man Duly	
(State of Country)	Name of operation Dete of What test confirmed diagnosis? Wes there en europsy?
15. MAIDEN NAME / MYMMA Agrae Arill 16. BIRTHPLACE (city or town). Charles	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of injury, 19
27. INFORMANT / MAMOUNA (Address)  17. Address)	Where did injury occur?
18. BURIAL, CREMATION OR REMOVAL  Place Date Place Date 1932.  1932.	Manner of injury
19. UNDERTAKER HUMB BUGGE - (Address) MEMANICIPALITY	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify
20. FILED Jaly 17 1932 A. V.J. Johnson	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 5 1832	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:	16 4 4000	Other contributory causes of importance:		
dansiones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	M 5 = 1	250
County	00	Registration Dist. No. 289
Village or City	tele !	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	h occurredyrs,	mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME	yaux	Morgan
(a) Residence: No.	(Usual place of abode)	- Coul Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
Se. If married, widowed, or divorced	1	
HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That ) ettended daceased from
6. DATE OF BIRTH (month, day, end yeer)	27 3 2	I last saw h alive on 19 ; deeth is said
7. AGE Years Months	Days If LESS 1 day, or /_ O_m	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupetion (month and year)	11. Total time (yeers) spent in this occupation	Other Contributory Causes of importance:
(Stete or country)	a man	- mualus onth
14. BIRTHPLACE (city or town) (State or country)	ed	Name of operation Date of What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME DELLA TO STATE OF THE STATE	mora	23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place	Date 7/27,1	Menner of injury  Nature of injury
19. UNDERTAKER Elevier (Address)	Jove lor	24. Was disease or injury in any way releted to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death-and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy'S 'A DVERDE 1	
Chronic interstitial nephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis   Cont & Silv	3 days ago
		GENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A)			

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07967
1. PLACE OF DEATH	(83)
County Il Many	Registration Dist. No.
Village or City Hyrme	NoSt., War if death occurred in a hospital or institution, give its NAME instead of street and number)
1/	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Robert - Jerom	a andorth
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word)  Anarried	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, ordiversed HUSBAND of (or) WIFE of  Charleth J. OberCharle.	22. I HEREBY CERTIFY, That I attended deceased from
Sant 1 490 50	19
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, etm.
26116 10 53 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	accidental drowning Date of one
kind of work done, es SPINNER, A as SAWYER, BDDKKEEPER, etc.	superinduced he
Industry or business In which	theart attack
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end year)	
) Journal of the second of the	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME /farm Orndorff	
E S. HAMILE	
14. BIRTHPLACE (city or town)  (State or country)  Penna	Name of operation Date of Name of Operation Date of Da
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
Ξ ,	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Q Q — (State or country)	Where did injury occur?
17. INFORMANT Charles Orndorff- (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place Hashington & C Date July 29, 1932	Nature of Injury
19. UNDERTAKER W.H Jarche & Co. (Address) Hashing In 20 C	24. Was disease or injury in any way releted to occupation of deceased?
20 FILED Yuly 28, 19 82 E. E. Birch	(Signed) & & Brok acting Groups  (Address) At Ingres And
Registrar.  If more blanks are needed, address State Registrar.	1

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH	07968

1. PLACE OF DEATH	
County St. Mary	Registration Dist. No. 283
Village or City MUSIAAD	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
biogness through of Mich	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOUR SENTENCE TAMES	www.
(a) Residence: No. 1 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH July 7 1992
5a. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBAND OF Organs / Mussell	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 8 - 1853	I last saw h alive on And 4 , 19-32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 / 29 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, HOWNELD SAWYER, BOOKKEPER, etc.	The house of
SAWYER, BOOKKEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (worstband) Spant in this	Cayving My Jeanning 1022
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	My reasonal heigenerasing 1922
	7
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Man hall by the Killian land
	WWW. 1927
E A MANNE ON	Name of operation
14. BIRTHPLACE (dfy or town) Deleter (State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Cally Oxpsell-	23. If death was due to external causes (VIOL ENCE) fill In elso the foilowing:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or Appella)	Accident, suicide, or homicide? Date of injury, 19
S (State or fountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A MAN PRINSELL HAMMAN (Address) WARMAN AND MANAGEMENT OF THE PRINCE OF T	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CROMATION, OR REMOVAL	Manner of injury
Plece St. F. W. D. M. Oate D. O	Nature of injury
19. UNDERTAKER COMMENTS. JOHNSON	24. Was disease or injury in any way related to occupation of deceased?
(Address) ///////////////////////////////////	If so, specify (Signed) A. 2. Summer M. D.
20. FILEO My 190 A. Registrar.	(Signed) 1. 1. 1. M. D. (Address) M. D. (Address) M. D.
If more blank are needed, address State Resistrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU T. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

(Year)

Oate of onset

What test confirmed diegnosis?\_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur? \_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased;

if so, specify (Signed)

18. BURIAL, CREMATION, OR REMOVAL

WRITE CAUSE mation S. No. 1

(State or country)

15. MAIDEN NAME

(Address)

(Address)

19. UNOERTAKER

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country

13. NAME

FATHER

MOTHER

TION

Registrar.

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, 1	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	77 77 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKEAU V.	July 5,1927	Peritonitis	3 days ago
	38			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year

1. PLACE O	1 . 0			0			-
County	140				Registration Di	st. No. 20	
Village or C	city of georg	co Islan		No. death occurred in a hospital or institut	San Line in NIA BATE	St.,	Wai
Length of resi	idence in cily or town where	death occurred	yrsmos				
2. FULL NA	DAA 1	~ 4	.00				
(a) Residen		Anna No.	weeky	Ch Ward			
(a) Residen	ice. No	(Usual place of	abode)	St., Warel.	If nonresident giv	ve city or town a	nd State
PERSON	AL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
Himele	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	ED, WIDOWED, (write the word)	21. DATE OF DEATH	(Month)	7 29	, 193 <b>2</b> (Year)
a. If married, widow HUSBAND of	ved, or divorced	0		22			
(or) WIFE of				1 HEREBY	CERTIFY.	Inat lattende	ed deceased fr
DATE OF RIPTH	(month, day, and year)	mln 20	1932	I last law because alive on	lile	29 103	2 death is s
. AGE Yea		Days	If LESS than	to heve occurred on the date states	d ebove, at 87	m	
-			1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:		of importance	
8. Trado, profe	ssion, or particular		OTT.	were estonows.			Date of on
SAWYER,	ssion, or particular work done, as SPINNER, , BODKKEEPER, etc	hone		Prematine	brith	14/2 m	7/9
Industry or work was	business in which s done, as SILK MILL,					( -	1
SAW MIL	L, BANK, etced lest worked at	11 Total time	(vaere)				-
this occu	pation (month and	11. Total time spent i	in this				
12. BIRTHPLACE (cit	ty or town) St gr	rges da	land	Other Contributory Causes of Impo	rtance:		
13. NAME	m. Wand	M. 00.			************		
			7	Name of a section			
14. BIRTHPLACE (State or		ularel		Neme ef operation What test confirmed diagnosis?			
15. MAIDEN NA	ME Lillian	Boir	less	23. If death was due to external cause			
15. MAIDEN NA	(city or town)		1	Accident, suicide, or homicide?			
(State or		regland		Where did injury occur?		o o. mjury	, \$3
17. INFORMANT millard Swilley (Address) manufact		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			tate) PLACE.		
18. BURIAL, CREMAT	ION, DR REMOVAL	Spate Ju	ly 20, 1932	Manner of injury		~	
9. UNDERTAKER (Address) 🌙	milland	Livilley	rd	24. Wes disease or injury in any wa		on of deceased?_	
20. FILED July	1.20, 1922	Assen	Registrar.	(Signed)	A Shi	Ch. W	М

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Corecta nemormage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County / Meacys	Registration Dist. No.
Vittage or City Done Leton	Ata
(1	NDSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
I have be a supplementable of the supplement	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sugelborn Was	d
(a) Residence: No. Coresto lon	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	114 / 198 32
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
4 . 3	Mey 13 19 7,00 play 18, 1952
6. DATE OF BIRTH (month, day, and year) They 13, 1932	I last saw hear Gillood Mile 13, 193 2; death is said
7. AGE Your Month's Days If LESS than	to have occurred on the date stated above, at fm.
Seelborns 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Holy Ma Brotakel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dato daceased last worked at this occupation (month and	(1) les al Organ Octoral)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
2 Shallf Ill fill?	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	other control of the potential co.
(State or country)	
13. NAME Cares Contact 14. BIRTHPLACE (city or town) Class	
14. BIRTHELACE (city or town) Cestas	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN MARCHIA Alella Dussler	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
1) una sala litare d	(Specify city or town, county and State)
17. INFORMAN (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	N. /* !
Place Clarton Centy Date July 18/1932	Manner of injury
1000	Natura of injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Complete	If so, specify
20. FILED. 7 / 3 , 19 \$ 2 Comme and	(Signed) V Maril II, Carralina
Registrar.	(Address) XLOV
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH					
1. PLACE OF DEATH	(210-700)				
County Lt. Mary	Registration Dist. No.				
Village or City Drayden	NoSt.,Ward				
Length of residence in city or town where death occurred ?yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.				
2. FULL NAME Garage Ce. Males					
(a) Residence: No. A ray (Usual place of abode)	St., Ward.  If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  July  (Month)  (Day)  (Year)				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sozal Blace	22. I HEREBY CERTIFY, That I attended deceased from				
6. DATE OF BIRTH (month, day, end yeer)	I last san in alive on July 18, 1932; death is said				
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, ETC. SA	Consussion & Crain adokock \$40, 1922				
o this occupation (month and 1932 spent in this 40 transcription)  12. BIRTHPLACE (city or town) Nagles, (Culd (State or country)	Other Contributary Causes of importance:				
13. NAME Xenuel Thale					
13. NAME Xenuel Thate 14. BIRTHPLACE (city or town) St. Mary Ros, Ind.	Name of operation Date of				
(State or country)	What test confirmed diagnosis?				
15. MAIDEN NAME Belle Spense  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT For all Whalen  (Address) Wayden And	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Colored Date of injury July D., 19-3-2  Where did injury occur? Or the transport of the county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Clare North Manual Colored Colo				
Place If Morfel Cherolo Date July 11, 1932	Manner of injury I well motor Wehicle, Nature of injury Faceration 2 Sealf + Freature Herney				
19. UNDERTAKER Richard thomas (Address) Valley Lee, and	24. Was disease or injury in any way related to occupation of deceased?				
20. FILED July 10, 132 Hattison the Registrar.	(Signed) (Address) Valley Lek, M.D.				
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. r.					

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